



## D.A.D.D. - Doctor Assisted Death with Dignity

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If the cover of this issue looks familiar, it should. We used it for the December '96 Special Issue on **Death and Dying**. No we're not running out of art by talented Big Island artist Dietrich Varez. (He has already supplied us with original Hawaiian prints for use on the 1997 Journal covers.) We're reusing his artwork "Damien" for a second time, because the response to our December Special Issue continues to be overwhelming. So, we're advancing the discussion in this month's Journal, **Death and Dying, Part II**.

Many terms are associated with the controversial topic of Physician-Aid-Dying: Euthanasia, Assisted-Suicide, Right-to-Die. The debate has been raging for aeons. Perhaps the most appropriate acronym for today is D.A.D.D.-Doctor-Assisted Death with Dignity. Physicians have learned that relatively few individuals actually take their own lives, even among the suffering terminally ill. The real issue for debate is how to provide solace to these patients with assurance that they will not be forced to die alone while experiencing excruciating pain. Though there are physicians who

voice opposing views, often making reference to the "slippery slope" concept, respondents to our December Issue were preponderantly in favor of advocating D.A.D.D. as a compassionate course of ethical action.

The Journal continues to welcome Letter to the Editor—pro or con, long or short, even anonymously if you wish, on this subject of the century, Doctor-Assisted Death with Dignity.

## The Governor's Blue-Ribbon Panel on Living and Dying with Dignity

Under the leadership of **Hideto Kono**, the State of Hawaii Blue-Ribbon Panel on Living and Dying with Dignity meets monthly to discuss the most critical medical/legal/moral topic confronting the nation today: **Living and Dying with Dignity**. The panel will ultimately present its recommendations to the Governor and our State Legislators. Then, in a future issue, the Journal will publish the consensus of the Panel. For now, I would like to share my three-part "homework assignment" from Panel Chairman Kono, with you.

### I. Personal Experiences and Opinions

I am, as you know, an MD specializing in conditions of the skin, but one equally concerned with the welfare of the whole person. I suppose that this overarching level of concern has given my patients the confidence to ask about medical problems unrelated to my postdoctoral specialization. Over the years, an increasing number of elderly patients continue to inquire about any available medications to ease their painful, final phase of life. What's a doctor to do?

When my 86-year-old father moved to Hawaii to live in our home,

I had the opportunity to talk with him and care for him every morning, evening and weekend. It was wonderful getting to know him again. Having lost the use of half of his body two decades before as the result of a stroke, he was now confined to bed with very little bodily movement possible. Dad was also consumed with extremely painful, terminal lung and prostate cancer. He repeatedly emphasized that he wanted "no pipes, no tubes, no surgery, no hospital." He just wanted to be pain-free at the end of his life. As a physician, I had no difficulty getting his gerontologist to prescribe a strong, long-lasting pain medication that enabled him to remain conversant, comfortable and content, even on his last day at home. On that day, my children, my wife and I were sitting around his bed "talking story" for several hours. As always, he remained mentally very alert and witty. When the sun began to set, Dad told us that he was beginning to get tired, and suggested that the rest of us go out to a neighboring restaurant to enjoy dinner, so we did. Half an hour later, his caretaker called to say "he went to sleep."

Dad passed away in his own time, naturally, peacefully, pain-free and at home, just as he had hoped that it would be. He was indeed a lucky guy at 88! And we continue to remember him with the twinkle in his eye.

The discussion of physician-aid-in-dying is **the most** important medical, legal, and moral issue in human history; **more important even than abortion**. Dying is everyone's fu-

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ture. NO matter what the U.S. Supreme Court determines in July, we in Hawaii must be prepared to care for our elders and the terminally ill with compassion and love, allowing them to retain their dignity and following their heartfelt wishes until the end.

## II. Expectations

Because of Hawaii's multicultural population, we have a special obligation to be empathetic to all of our people with admiration and respect for their diversity. Understandably, this may be difficult for some.

That's why laws need to be enacted to protect physicians who support their parents' will during the dying portion of life. It is understood that when rational, terminally ill patients have effective pain medication, and the knowledge to self-administer it, only rarely do they choose suicide over living. Just the security of knowing that they have control, to end their agony, is a real blessing for them.

## III. Issues to Discuss

- A. *The necessary discourse between physicians and clergy to examine all aspects of death with dignity*

The family, as well as the patient, has pain. Family physicians, internists, geriatricians and others should be made more aware of the suffering everyone experiences in end-of-life situations.

- B. *The legalization of prescribing sufficient pain medication to relieve suffering.*

It is inhumane to withhold pain relief from a dying patient, even if the dosage required to do so exceeds the usual and customary amount.

- C. *The respect of the religious and moral wishes of the patient*

When a physician chooses not to adhere to the dying patient's wishes, a referral to another physician is in order.

- D. *The dialogue between physicians and family to try to enable the patient's return to a home setting in their final days.*

It's not always practical or possible, but it merits discussion.

- E. *The broadening of the Hospice program*

Information about Hospice should be disseminated by the Hawaii Medical Association, the County Medical Societies, through clinics and physicians' offices. The felt need for additional services will carry the cause to the neighbor islands.

- F. *The dissemination of additional information about D.A.D.D. (Doctor-Assisted Death with Dignity)*

Those who request additional information should be put in contact with the local Hemlock Society, which provides educational brochures, books, and video tapes.

- G. *The general regard for all cultures and religions in Hawaii*

No matter what the outcome of the June/July 1997 position paper by the U.S. Supreme Court, our leaders in politics, medicine, law and religion must develop ASAP clear and direct recommendations about aiding our aging population. The baby-boomers will be next in line and in need of our comfort and support.



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